



SEPTIC TANK, CESSPOOL, AND PRIVY CLEANER NEW LICENSE APPLICATION FORM

INSTRUCTIONS:

1. Fill out the application in its entirety.
2. You must complete and attach a separate “***New Disposal Site Application Form***” for each proposed disposal site. A “***Vehicle Inspection Form***” must also be completed and submitted for those proposing land application.
3. The disposal site forms for each site must be signed by the health officer or the sanitarian in every county where you use or operate a disposal facility, ***and*** by a person responsible for the site (i.e., the property owner or facility manager).
4. **SIGN THE APPLICATION FORM.**
5. Enclose check or money order for \$125 with the completed application and mail to:
DEQ Fiscal Services Division, PO Box 200901, Helena, MT 59620-0901
Once issued, the license will be mailed directly to you.
6. Licenses must be renewed annually. All licenses expire December 31 of each year.
You may not operate without a valid license.

Section 1

APPLICANT INFORMATION (Please Print)

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|---|--|-------------|---------|
| Applicant full legal name: (ARM 17.50.803(1)(a)): | Name of Business/Organization as filed or registered with the Montana Secretary of State office (ARM 17.50.803(1)(a)): | | |
| | Business Federal Tax ID Number: | | |
| Physical Business Address: | City: | State: | Zip: |
| Mailing Address (if different from physical business address): | City: | State: | Zip: |
| County: | Phone Number: | Fax Number: | E-Mail: |
| Location of Business Operation Records (if the location of operation records changes <i>during</i> the license year, you must provide notification in writing to DEQ): | | | |

Section 2

COUNTIES WHERE SEPTAGE WILL BE COLLECTED

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APPLICANT CERTIFICATION/SIGNATURE

In signing this application form, I certify that the above information is true and correct, and as the applicant named above, I shall conduct the business of cleaning septic tanks, cesspools, or privies and disposing of septage in accordance with the laws and rules of the State of Montana.

PRINTED NAME: _____

SIGNATURE: _____

TITLE: _____